

103^D CONGRESS
2^D SESSION

S. 1821

To amend the Public Health Service Act to provide a comprehensive program for the prevention of Fetal Alcohol Syndrome, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 2 (legislative day, JANUARY 25), 1994

Mr. DASCHLE (for himself, Mr. BINGAMAN, Mr. CAMPBELL, Ms. MOSELEY-BRAUN, Mr. MURKOWSKI, Mr. WOFFORD, Mr. INOUE, Mrs. MURRAY, Mr. DECONCINI, Mr. STEVENS, Mr. ROCKEFELLER, Mr. REID, Mr. THURMOND, and Mr. HATCH) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To amend the Public Health Service Act to provide a comprehensive program for the prevention of Fetal Alcohol Syndrome, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Comprehensive Fetal
5 Alcohol Syndrome Prevention Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

1 (1) Fetal Alcohol Syndrome is the leading
2 known cause of mental retardation, and it is 100
3 percent preventable;

4 (2) each year, more than 5,000 infants are born
5 in the United States with Fetal Alcohol Syndrome,
6 suffering irreversible physical and mental damage;

7 (3) 50,000 more infants are born each year
8 with lesser, though still serious, alcohol-related birth
9 defects, known as Fetal Alcohol Effects;

10 (4) Fetal Alcohol Syndrome is a national prob-
11 lem, it can impact any child, family, or community,
12 but its threat to American Indians and Alaska Na-
13 tives is especially alarming;

14 (5) in some American Indian communities,
15 where alcohol dependency rates reach 50 percent
16 and above, the chances of a newborn suffering Fetal
17 Alcohol Syndrome or Fetal Alcohol Effects are 30
18 times greater than national averages;

19 (6) researchers have determined that the possi-
20 bility of giving birth to a baby with Fetal Alcohol
21 Syndrome or Fetal Alcohol Effects increases in pro-
22 portion to the amount and frequency of alcohol
23 consumed by a pregnant woman, and that stopping
24 alcohol consumption at any point in the pregnancy

1 reduces the risks and the emotional, physical, and
2 mental consequences of alcohol exposure to the baby;

3 (7) in addition to the immeasurable toll on
4 Fetal Alcohol Syndrome and Fetal Alcohol Effects
5 children and their families, Fetal Alcohol Syndrome
6 and Fetal Alcohol Effects pose extraordinary finan-
7 cial costs to the Nation, including the costs of health
8 care, education, foster care, job training, and gen-
9 eral support services for affected individuals;

10 (8) as a reliable comparison, delivery and care
11 costs are four times greater for infants who were ex-
12 posed to illicit substances than for infants with no
13 indication of substance exposure, and over a lifetime,
14 health care costs for one Fetal Alcohol Syndrome
15 child are estimated, to be at least \$1,400,000; and

16 (9) we know of no safe dose of alcohol during
17 pregnancy, or of any safe time to drink during preg-
18 nancy, thus, it is in the best interest of the Nation
19 for the Federal Government to take an active role in
20 encouraging all women to abstain from alcohol con-
21 sumption during pregnancy.

22 **SEC. 3. PURPOSE.**

23 It is the purpose of this Act to establish, within the
24 Department of Health and Human Services, a comprehen-

1 sive program to help prevent Fetal Alcohol Syndrome and
 2 Fetal Alcohol Effects nationwide. Such program shall—

3 (1) coordinate and support epidemiologic re-
 4 search concerning Fetal Alcohol Syndrome and Fetal
 5 Alcohol Effects;

6 (2) coordinate and support national, State, and
 7 community-based public awareness, prevention, and
 8 education programs on Fetal Alcohol Syndrome and
 9 Fetal Alcohol Effects; and

10 (3) foster coordination among all Federal agen-
 11 cies that conduct or support Fetal Alcohol Syndrome
 12 and Fetal Alcohol Effects research, programs, and
 13 surveillance and otherwise meet the general needs of
 14 populations actually or potentially impacted by Fetal
 15 Alcohol Syndrome and Fetal Alcohol Effects.

16 **SEC. 4. ESTABLISHMENT OF PROGRAM.**

17 Part B of title V of the Public Health Service Act
 18 (42 U.S.C. 290bb et seq.) is amended by adding at the
 19 end thereof the following new subpart:

20 “Subpart 4—Provisions Relating to Fetal Alcohol
 21 Syndrome and Fetal Alcohol Effects

22 **“SEC. 520E. ESTABLISHMENT OF FETAL ALCOHOL SYN-**
 23 **DROME PREVENTION PROGRAM.**

24 “(a) IN GENERAL.—The Secretary, acting through
 25 the Substance Abuse and Mental Health Services Admin-

1 istration, the National Institutes of Health, the Centers
2 for Disease Control and Prevention, the Indian Health
3 Service, and other relevant offices, shall establish a com-
4 prehensive program to help prevent Fetal Alcohol Syn-
5 drome and Fetal Alcohol Effects and coordinate Federal
6 efforts to prevent Fetal Alcohol Syndrome and Fetal Alco-
7 hol Effects.

8 “(b) ELEMENTS OF PROGRAM.—Under the program
9 established under subsection (a), the Secretary shall estab-
10 lish a program that shall—

11 “(1) coordinate and support national and tar-
12 geted public awareness, prevention, and education
13 programs on Fetal Alcohol Syndrome and Fetal Al-
14 cohol Effects;

15 “(2) coordinate and support applied epidemio-
16 logic research concerning Fetal Alcohol Syndrome
17 and Fetal Alcohol Effects;

18 “(3) conduct and support basic research tar-
19 geted to developing data to improve prevention and
20 treatment of Fetal Alcohol Syndrome and Fetal Al-
21 cohol Effects;

22 “(4) develop a plan to disseminate diagnostic
23 criteria to health care and social services providers
24 and carry out that plan; and

1 “(5) establish an Inter-Agency Task Force on
2 Fetal Alcohol Syndrome and Fetal Alcohol Effects,
3 which shall be chaired by the Associate Adminis-
4 trator for Alcohol Prevention and Treatment of the
5 Substance Abuse and Mental Health Services Ad-
6 ministration, and which shall include representatives
7 from all relevant agencies and offices within the De-
8 partment of Health and Human Services (including
9 the Indian Health Service) Department of Agri-
10 culture, Department of Education, Department of
11 Defense, Department of the Interior (including the
12 Bureau of Indian Affairs), Department of Justice,
13 Bureau of Alcohol, Tobacco, and Firearms, Federal
14 Trade Commission, and any other relevant Federal
15 Agency.

16 **“SEC. 520F. EDUCATION AND PUBLIC AWARENESS.**

17 “The Secretary shall direct the appropriate agencies
18 within the Department of Health and Human Services
19 to—

20 “(1) support, conduct and evaluate the effec-
21 tiveness of—

22 “(A) training programs for health care
23 providers, educators, school-based health care
24 providers, social workers, child welfare workers
25 and family members concerning the prevention,

1 diagnosis, and treatment of Fetal Alcohol Syn-
2 drome and Fetal Alcohol Effects;

3 “(B) prevention and education programs,
4 including health education, and school-based
5 clinic programs, for school-age children with re-
6 spect to Fetal Alcohol Syndrome and Fetal Al-
7 cohol Effects; and

8 “(C) public and community awareness pro-
9 grams concerning Fetal Alcohol Syndrome and
10 Fetal Alcohol Effects;

11 “(2) provide technical and consultative assist-
12 ance to States, Indian tribal governments, local gov-
13 ernments, school-based health care providers, sci-
14 entific and academic institutions, and non-profit or-
15 ganizations concerning the programs referred to in
16 paragraph (1); and

17 “(3) award grants to and enter into cooperative
18 agreements and contracts with States, Indian tribal
19 governments, local governments, scientific and aca-
20 demic institutions, entities that fund school-based
21 clinics, and non-profit organizations for the purpose
22 of—

23 “(A) enabling such entities to evaluate the
24 effectiveness, with particular emphasis on the
25 cultural sensitivity and age-appropriateness, of

1 the prevention, education and community-based
2 public awareness programs referred to in para-
3 graph (1);

4 “(B) enabling such entities to provide
5 training to health care providers, school nurses
6 and other school health care providers, includ-
7 ing school-based clinic health care providers,
8 educators, family members, social workers, child
9 welfare workers, and others in the prevention,
10 diagnosis and treatment of Fetal Alcohol Syn-
11 drome and Fetal Alcohol Effects;

12 “(C) educating children and youth, includ-
13 ing pregnant and high-risk youth, concerning
14 such syndrome and effects with priority given to
15 those programs that are part of a sequential,
16 comprehensive school health education program;
17 and

18 “(D) increasing public and community
19 awareness concerning Fetal Alcohol Syndrome
20 and Fetal Alcohol Effects through culturally
21 sensitive projects, programs, and campaigns,
22 and improving the understanding of the general
23 public and targeted groups concerning the most
24 effective methods for intervening with friends
25 and family to prevent fetal exposure to alcohol.

1 **“SEC. 520G. APPLIED EPIDEMIOLOGIC RESEARCH AND PRE-**
2 **VENTION PROGRAM.**

3 “The Secretary shall direct the appropriate agencies
4 within the Department of Health and Human Services
5 to—

6 “(1) conduct and support research on the
7 causes, mechanisms, diagnostic methods, and treat-
8 ment and prevention of Fetal Alcohol Syndrome and
9 Fetal Alcohol Effects;

10 “(2) provide technical and consultative assist-
11 ance and training to States, Indian tribal govern-
12 ments, local governments, other public entities, sci-
13 entific and academic institutions, and non-profit or-
14 ganizations engaged in the conduct of—

15 “(A) Fetal Alcohol Syndrome prevention
16 and early intervention programs; and

17 “(B) research relating to the causes, mech-
18 anisms, diagnosis methods, treatment and pre-
19 vention, of Fetal Alcohol Syndrome and Fetal
20 Alcohol Effects; and

21 “(3) award grants to, and enter into coopera-
22 tive agreements and contracts with States, Indian
23 tribal governments, local governments, other public
24 entities, scientific and academic institutions, and
25 non-profit organizations to—

1 “(A) assist such entities in conducting in-
2 novative demonstration and evaluation projects
3 designed to determine effective strategies, in-
4 cluding community-based prevention programs
5 and multi-cultural education campaigns, for
6 preventing and intervening in fetal exposure to
7 alcohol;

8 “(B) improve and coordinate the surveil-
9 lance and ongoing assessment methods imple-
10 mented by such entities and the Federal Gov-
11 ernment, with respect to Fetal Alcohol Syn-
12 drome and Fetal Alcohol Effects for the pur-
13 pose of—

14 “(i) tracking progress toward achiev-
15 ing relevant Year 2000 Prevention Objec-
16 tives, set forth by the Public Health Serv-
17 ice in the Healthy People 2000: National
18 Health Promotion and Disease Prevention
19 Objectives;

20 “(ii) identifying successful, culturally
21 sensitive prevention efforts; and

22 “(iii) identifying children who have
23 symptoms of Fetal Alcohol Syndrome and
24 Fetal Alcohol Effects and may need special
25 health, education, and support services;

1 “(C) develop and evaluate effective age-appropriate and culturally-sensitive prevention programs for infants, children, adolescents, and adults identified as being at-risk of becoming chemically dependent on alcohol and associated with or developing Fetal Alcohol Syndrome and Fetal Alcohol Effects; and

2 “(D) facilitate coordination and collaboration among Federal, State, Tribal, and local Fetal Alcohol Syndrome prevention programs.

3 **“SEC. 520H. BASIC RESEARCH PROGRAM.**

4 “The Secretary shall direct the appropriate agencies within the Department of Health and Human Services to conduct and support research on services research and effective prevention treatments and interventions for pregnant alcohol dependent women and individuals with Fetal Alcohol Syndrome and Fetal Alcohol Effects.

5 **“SEC. 520I. DIAGNOSTIC CRITERIA FOR FETAL ALCOHOL SYNDROME AND FETAL ALCOHOL EFFECTS.**

6 “Not later than 90 days after the date of enactment of this subpart, the Secretary shall direct the appropriate agencies within the Department of Health and Human Services to—

7 “(1) develop a plan for widely-disseminating the Fetal Alcohol Syndrome/Fetal Alcohol Effects diag-

1 nostic criteria developed by the Department of
2 Health and Human Services under the ADAMHA
3 Reorganization Act (Public Law 102-321) to health
4 care providers, educators, social workers, child wel-
5 fare workers, and other individuals within 16
6 months of such date of enactment; and

7 “(2) disseminate the criteria described in para-
8 graph (1) in accordance with the plan developed
9 under paragraph (1).

10 **“SEC. 520J. INTER-AGENCY TASK FORCE ON FETAL ALCO-**
11 **HOL SYNDROME AND FETAL ALCOHOL EF-**
12 **FFECTS.**

13 “(a) ESTABLISHMENT.—Not later than 30 days after
14 the date of enactment of this subpart, the Secretary shall
15 establish an Inter-Agency Task Force on Fetal Alcohol
16 Syndrome and Fetal Alcohol Effects to foster coordination
17 among all Federal agencies that conduct or support Fetal
18 Alcohol Syndrome and Fetal Alcohol Effects research, pro-
19 grams, and surveillance and otherwise meet the general
20 needs of populations actually or potentially impacted by
21 Fetal Alcohol Syndrome and Fetal Alcohol Effects.

22 “(b) MEMBERSHIP.—The Task Force established
23 under subsection (a) shall—

24 “(1) be chaired by the Associate Administrator
25 for Alcohol Prevention and Treatment of the Sub-

1 stance Abuse and Mental Health Services Adminis-
2 tration and staffed by the Administration; and

3 “(2) include representatives from all relevant
4 agencies and offices within the Department of
5 Health and Human Services, Department of Agri-
6 culture, Department of Education, Department of
7 Defense, Department of Interior, Department of
8 Justice, Bureau of Alcohol, Tobacco and Firearms,
9 Federal Trade Commission, and any other relevant
10 Federal agency.

11 “(c) FUNCTIONS.—The Task Force established under
12 subsection (a) shall—

13 “(1) coordinate all Federal programs and re-
14 search concerning Fetal Alcohol Syndrome, Fetal Al-
15 cohol Effects, and other forms of maternal substance
16 abuse, including those programs—

17 “(A) targeting individuals, families, and
18 populations identified as being at risk of acquir-
19 ing Fetal Alcohol Syndrome, Fetal Alcohol Ef-
20 fects, or other maternal substance abuse; and

21 “(B) providing health, education, treat-
22 ment, and social services to infants, children,
23 and adults with Fetal Alcohol Syndrome, Fetal
24 Alcohol Effects, and other drug exposures and
25 their families; and

1 “(2) coordinate its efforts with existing Depart-
2 ment of Health and Human Services task forces on
3 substance abuse prevention and maternal and child
4 health;

5 “(3) report on an annual basis to the Secretary
6 and relevant Committees of Congress on the current
7 and planned activities of the participating agencies.

8 **“SEC. 520K. ADMINISTRATIVE PROVISIONS WITH RESPECT**
9 **TO GRANTS, COOPERATIVE AGREEMENTS**
10 **AND CONTRACTS.**

11 “(a) ELIGIBILITY.—To be eligible to receive a grant,
12 cooperative agreement or contract under this subpart, an
13 entity shall—

14 “(1) be a State, Indian tribal government, local
15 government, entity that funds a school-based health
16 clinic, scientific or academic institution or non-profit
17 organization;

18 “(2) prepare and submit to the Secretary an
19 application at such time, in such manner, and con-
20 taining such information as the Secretary may pre-
21 scribe, including a description of the activities that
22 the entity intends to carry out using amounts re-
23 ceived under a grant, cooperative agreement, or con-
24 tract; and

1 “(3) provide assurances that amounts received
2 under such grants, cooperative agreements or con-
3 tracts will be used in accordance with this subpart.

4 “(b) MAINTENANCE OF EFFORT.—No grant, cooper-
5 ative agreement, or contract may be awarded to an entity
6 under this subpart unless the entity agrees to maintain
7 the expenditures of the entity for activities of the type for
8 which the amounts to be received under a grant, coopera-
9 tive agreement, or contract are to be used, at a level equal
10 to not less than the level of such expenditures maintained
11 by the entity for the fiscal year preceding the fiscal year
12 for which the entity is applying to receive the grant, coop-
13 erative agreement or contract.

14 “(c) AMOUNTS IN LIEU OF CASH.—At the request
15 of a recipient of a grant, cooperative agreement, or con-
16 tract under this subpart, the Secretary may reduce the
17 amount provided under such grant, agreement, or contract
18 by—

19 “(1) an amount equal to the fair market value
20 of any supplies or equipment furnished the recipient;
21 and

22 “(2) an amount equal to the amount of the pay,
23 allowances, and travel expenses of any officer or em-
24 ployee of the Federal Government which was de-
25 tailed to the recipient and the amount of any other

1 cost incurred in connection with the detail of such
2 officer or employee.

3 **“SEC. 520L. AUTHORIZATION OF APPROPRIATIONS.**

4 “There are authorized to be appropriated to carry out
5 this subpart, such sums as are necessary for each of the
6 fiscal years 1994 through 1997.”.

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